PATENT APPLICATION FEE DETERMINATION RECORD

10683885

Application or Docket Number

Effective October 1, 2004

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			52		•			RATE	FEE	7	RATE	FEE	
FOR NUMBE			NUMBER	FILED	NUMI	BER EXTRA		BASIC FE	E 395.00	OF	BASIC FEE	790.00	
TOTAL CHARGEABLE CLAIMS 52 minus					* 3:	2		X\$ 9=	288.0	OF	X\$18=		
INDEPENDENT CLAIMS // minus 3 =					7			X44=	308.	Ø OFI	X88=	•	
MULTIPLE DEPENDENT CLAIM PRESENT							.	+150=		ОЯ	.+300=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	991.4	OR	TOTAL	·	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3							SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENŢA	527-05	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 137	Minus	"5c	2	-85		X55=	2,625	OR	X\$18= .	·	
	Independent	• 22 ENTATION OF MI	Minus		O CLAIM	- 12		4A-	1120	OR	X88=		
<u> </u>	T INOT T TIESE	2417/10/4-01 18/1	DETIT CE DE	LINDEINI	COAIIVI		'	+150=		OR	+300=		
٠.:							L	TOTAL DDIT, FEE	•	OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colum		(Column 3)				•			
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	***		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ĺ	X44=	·	OR	X88=		
	PINST PHESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			+150=		OR	+300=		
										OB L	TOTAL ODIT, FEE		
	·	(Column 1)		(Columi	າ 2)	(Column 3)		DOIT. FEE L	•	•	OUII. FEEL	٠,	
MEN		CLAIMS REMAINING AFTER AMENDMENT	·.	HIGHE: NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL: FEE	
	Total -	•	Minus.	**		=		X\$ 9≐	•	ÓR	X\$18=		
	Independent	1	Minus	.***		.		X44=		ŀ	X88=		
1	FIRST PRESE	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					┈┠╴			OR			
• H	the entry in colum	nn 1 is less than the	entry in colum	n 2 write 10	· . Cin colu	mn 3	Ľ	150=	` .	OR L	+300=	• •	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "0". ***OPTION OF TOTAL ADDIT. FEE													
· T	he "Highest Numb	per Previously Paid	For (Total or	Independent) is the h	ighest number	fourid	in the appr	opriate box	in cobi	ma 1.]	